



# STATE OF WASHINGTON SECRETARY OF STATE

Ralph Munro, Secretary of State

## CERTIFICATE OF AUTHORITY FOREIGN PROFIT CORPORATION

(Per Chapter 23B.15 RCW)

**FEE: \$175**

- Please PRINT or TYPE in black ink
- Sign, date and return original AND ONE COPY to:

CORPORATIONS DIVISION  
505 E. UNION • PO BOX 40234  
OLYMPIA, WA 98504-0234

- BE SURE TO INCLUDE FILING FEE. Checks should be made payable to "Secretary of State"

**EXPEDITED (24-HOUR) SERVICE AVAILABLE – \$20 PER ENTITY  
INCLUDE FEE AND WRITE "EXPEDITE" IN BOLD LETTERS  
ON OUTSIDE OF ENVELOPE**

FOR OFFICE USE ONLY

FILED:

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UBI:

CORPORATION NUMBER:

**IMPORTANT!** Person to contact about this filing

Daytime Phone Number (with area code)

NAME OF CORPORATION (As Recorded in the State/Country of Incorporation)

ORIGINALLY INCORPORATED

IN: State/Country \_\_\_\_\_ ON: Date \_\_\_\_\_

*NOTE: If the name listed above is unavailable in Washington state or does not meet the requirements of 23B.15 RCW, please provide the name the corporation adopts for use in Washington State. You must also attach a Board of Directors Resolution approving the use of an alternate name.*

NAME THE CORPORATION ADOPTS FOR USE IN WASHINGTON STATE

APPROVED BY DIRECTORS

☐ Resolution Attached

PRINCIPAL OFFICE ADDRESS OF CORPORATION (Street Address Required - Please Do Not Use PO Box)

Address \_\_\_\_\_

City \_\_\_\_\_ State or Country \_\_\_\_\_ ZIP or Postal Code \_\_\_\_\_

EFFECTIVE DATE OF CERTIFICATE OF AUTHORITY (Specified effective date may be up to 90 days AFTER receipt of the document by the Secretary of State)

☐ Specific Date: \_\_\_\_\_ ☐ Upon filing by the Secretary of State

PERIOD OF DURATION ☐ Perpetual

(Check one only) ☐ \_\_\_\_\_ Years (indicate number of years)

DATE CORPORATION BEGAN DOING BUSINESS IN WASHINGTON STATE

Date \_\_\_\_\_

CERTIFICATE OF EXISTENCE

☐ Attached is an original Certificate of Existence, issued no more than 60 days prior to this application, duly authenticated by the Secretary of State or other official having custody of corporate records in the state or country of incorporation.

NAME AND ADDRESS OF WASHINGTON STATE REGISTERED AGENT

Name \_\_\_\_\_

Street Address (Required) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

PO Box (Optional – Must be in same city as street address) \_\_\_\_\_ ZIP (If different than street ZIP) \_\_\_\_\_

**I consent to serve as Registered Agent in the State of Washington for the above named corporation. I understand it will be my responsibility to accept Service of Process on behalf of the corporation; to forward mail to the corporation; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.**

Signature of Agent

Printed Name

Date

NAMES AND ADDRESSES OF ALL CURRENT OFFICERS AND DIRECTORS (If necessary, attach additional names and addresses)

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

SIGNATURE OF OFFICER OR CHAIRPERSON

**This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.**

Signature of Officer/Chairperson

Printed Name

Title

Date